

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J82798

**Entity Name:** FLARE MEDICAL SERVICES CORP.

**Current Principal Place of Business:**

8370 W. FLAGLER STREET  
SUITE 120  
MIAMI, FL 33144

**Current Mailing Address:**

2311 SW 5TH AVE  
MIAMI, FL 33129

**FEI Number:** 59-2827026

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MUNOZ, LILIAN  
2311 SW 5TH AVE  
MIAMI, FL 33129 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PDST	Title	S
Name	MUNOZ, CARMEN	Name	MUNOZ, CARMEN
Address	8370 W. FLAGLER STREET SUITE # 120	Address	8370 W. FLAGLER STREET SUITE # 120
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARMEN MUNOZ

PDST

01/21/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date